

**Application Data Sheet**

**Application Information**

Application number:: TBD  
Filing Date:: 03/15/04  
Application Type:: Regular  
Subject Matter:: Utility  
Title:: TRIOSEPHOSPHATE ISOMERASE DIRECTED  
DIAGNOSTICS AND THERAPEUTICS FOR  
MULTIDRUG RESISTANT NEOPLASTIC  
DISEASE  
Attorney Docket Number:: 112418-151 (AUR-016US)  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 3B  
Total Drawing Sheets:: 4  
Small Entity?:: Yes  
Petition Included?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Elias  
Family Name:: Georges  
City of Residence:: Laval  
State or Province of Residence:: Quebec  
Country of Residence:: Canada  
Street of Mailing Address:: 2095 De Vouvray

City of Mailing Address:: Laval  
State or Province of Mailing Address:: Quebec  
Country of Mailing Address:: Canada  
Postal or Zip Code of Mailing Address:: H7M 3J7

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Lucile  
Family Name:: Serfass  
City of Residence:: Montreal  
State or Province of Residence:: Quebec  
Country of Residence:: Canada  
Street of Mailing Address:: 5291 de l'Esplanade  
City of Mailing Address:: Montreal  
State or Province of Mailing Address:: Quebec  
Country of Mailing Address:: Canada  
Postal or Zip Code of Mailing Address:: H2T 2Z6

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Anne-Marie  
Family Name:: Bonneau  
City of Residence:: Laval  
State or Province of Residence:: Quebec  
Country of Residence:: Canada  
Street of Mailing Address:: 2095 De Vouvray

City of Mailing Address:: Laval  
 State or Province of Mailing Address:: Quebec  
 Country of Mailing Address:: Canada  
 Postal or Zip Code of Mailing Address:: H7M 3J7

Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: Canada  
 Status:: Full Capacity  
 Given Name:: Frédéric  
 Family Name:: Dallaire  
 City of Residence:: Montreal  
 State or Province of Residence:: Quebec  
 Country of Residence:: Canada  
 Street of Mailing Address:: 4683 Mentana  
 City of Mailing Address:: Montreal  
 State or Province of Mailing Address:: Quebec  
 Country of Mailing Address:: Canada  
 Postal or Zip Code of Mailing Address:: H2J 3B7

### Correspondence Information

Correspondence Customer Number:: 23483  
 Phone Number:: 617-526-6192  
 Fax Number:: 617-526-5000  
 E-Mail address:: shann.kerner@haledorr.com

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	An application claiming the benefit under 35 USC 119(e)	60/455,005	March 14, 2003

**Assignee Information**

Assignee Name::

Aurelium BioPharma, Inc.